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ABSTRACT

Using a construction building analogy, this guide provides a plan for building a system of behavior strategies. These strategies are designed to assist behavior analysts of contracted provider agencies in the construction and maintenance of procedures which will help monitor and reduce the frequency of problematic behaviors in individuals with mental retardation in community-based homes. The plan suggests these courses of action: (1) survey records, bulldoze through a massive pile of files, and excavate previous summaries of behavioral incident reports; (2) develop a solid foundation by summarizing all incident reports; (3) build the first wall by creating a summary report of incidents for an annual report; (4) build the second wall by summarizing medication use; (5) build the third wall by providing psychological evaluations and adaptive behavioral reports; (6) build the final wall by creating Behavior Strategy Plans; (7) create roof trusses by providing an ongoing system of data collection; and (8) provide a roof by designing a training course for staff that will raise consciousness of how one's own behavior can affect the behavior of another. Applicable forms for notating and assessing behaviors are provided. (CR)

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ED 434 433

Behavioral Strategies: Building Systems

By

Charles J. Sandoz, MA

Presented at the 119th Annual National AAMR Convention in San Francisco, California on June 2, 1995.

ABSTRACT

Developing a system of behavioral strategies is presented through a blueprint analogy. As in the construction of a building, the initial stage of surveying and excavating records is presented along with an interlocking system of support displayed through a series of documentation forms and picture images.

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Sandoz

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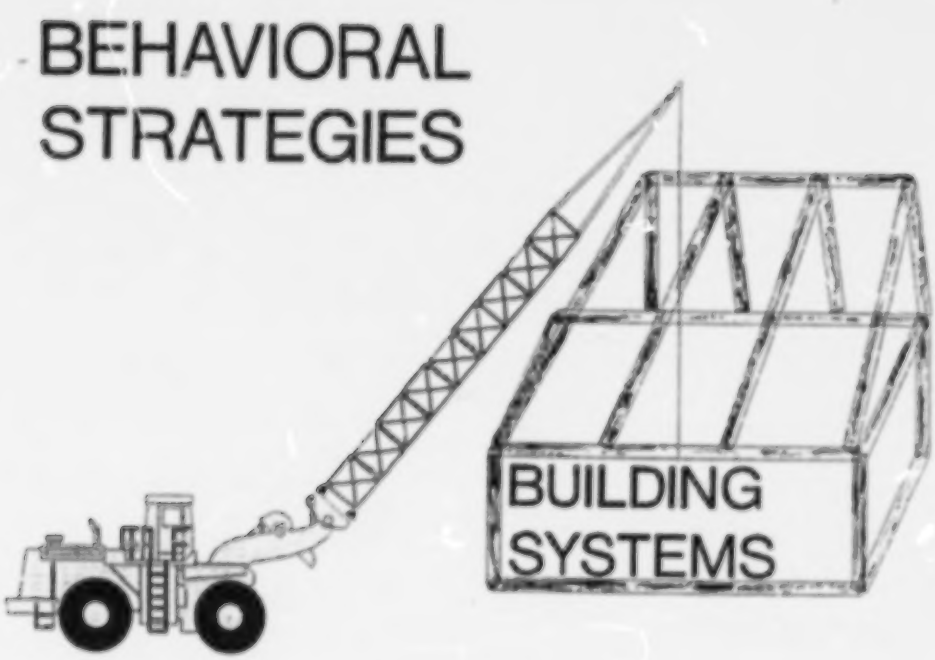


BEHAVIORAL STRATEGIES: Building Systems

by

Charles J. Sandoz, MA

Introduction

Until fairly recently, community based homes serving the needs of individuals with mental retardation have been managed with the assistance of Behavior Analysts provided by the state. However, in the past decade, contracted provider agencies have their own "in house" Behavior Analysts. During the period of transition from state to contracted provider services, some behavioral problems can be expected. The purpose of this paper is to provide a plan for building systems of behavioral strategies. These strategies are designed to assist Behavior Analysts of the contracted provider agencies in the constructing and the maintenance of procedures

which will help monitor the frequency of problematic behaviors and reduce their frequency.

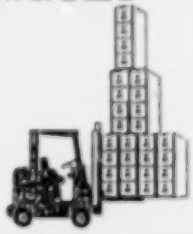
The manner of presentation will be by analogy. This analogy will include aspects which occur in the actual construction of a building.

Survey, Bulldoze and Excavate

The organizational needs and methods of operation of a provider agency are different from those of a state bureau. Procedures of tracking and documenting behaviors can be done in a variety of ways. One of the first tasks of a Behavior Analyst for a provider agency would be to survey the records of all of the residents. Through a survey of the records the Behavior Analyst is able to discern the specific needs of each of the persons served which may include the medical, social, intellectual, physical, social and emotional areas. This process may involve bulldozing through a massive pile of files in order to attain a working knowledge of the future residents with whom one is to work. As it is with erecting most buildings before going up one must excavate. The process of excavation involves reviewing previous summaries of behavioral incident reports (if indeed such summaries do exist!). However, if such summaries do not exist then digging through the records of the individually recorded incident reports is essential.

Survey

Bulldoze

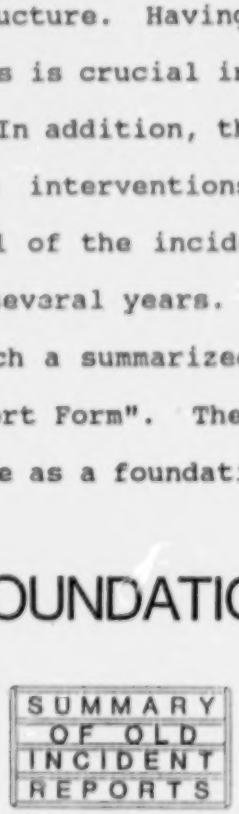


Excavate

Developing a Solid Foundation

The purpose of a foundation is to support from underneath the weight of the entire structure. Having accurate and detailed data from the incident reports is crucial in determining the trends and patterns of behaviors. In addition, this information is vital for the planning of future interventions. The foundation should include a summary of all of the incident reports which have been reviewed over the past several years.

Form 1 includes such a summarized pattern which is entitled "Emergency Incident Report Form". The summarized incidents prior to the present date serve as a foundation upon which one can build in the future.



The First Wall

The raising of the first wall of the structure may include some of the features noted in Form 2. At the top of the sheet is particular identifying information which includes the name of the individual, the title or address of the home, the name of the day program, (or job site) and the date of the annual meeting. In this sheet which is e.. .led "Emergency Incident Reports", one can easily compare the number of incidents that were written in the current and previous year. In addition, the frequency of behaviors

in each month can be noted for comparison purposes. Such a parallel presentation may be helpful in detecting seasonal patterns of frequency. The midsection of the form provides specific detail on what type of behaviors were observed and documented. This example includes aggression toward staff, aggression toward peers, self-injurious behavior, destruction, disruption, non-compliance, other behaviors not noted above, the number of restraints involved and the total of each behavioral type for each year. The bottom of the page offers information on changes in psychotropic medications, a comparison of the number of documented reports each year prior to the current one, and the dates of certain plans and reports. Finally, if any comments are desired, the Behavior Analyst could include these on the bottom line. On the reverse side of this sheet is Form 3 which offers more information. In this form, the frequency of behaviors can be seen in a month by month breakdown. In addition, the location of the behavior can be recorded as occurring in the day program (PROG), the person's residential area (RES), or in some other location (OTH). In addition, the time of day can be specified with a diagonal line with the frequency of behaviors occurring in the morning hours written on the left and the afternoon and evening hours on the right. The specific behaviors are seen in monthly detail as opposed to the total yearly summarized data. Columns on Form 3 also reveal if there has been a change in the administration of medications and also if a Behavior Modification Plan has been implemented.

1st WALL

SUMMARY
REPORT
FOR
ANNUAL
MEETING

The Second Wall

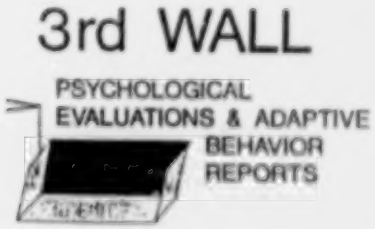
The alignment of a psychotropic medication with behavioral documention is critical. A behavioral structure cannot stand for long without close monitoring of the regimen of medication along with the frequency of behavioral episodes. Form 4 displays the Medical and Behavioral update. The information in this form includes, the name of the home and the consumer, the time of medication administered along with the AIMS scale date and the psychiatric diagnosis. In addition, the form contains the type of behavior plan and its current status, the date of the last next visit with the psychiatrist. The final column includes the date of the last reduction of medication.

2nd WALL

MEDICATION &
BEHAVIORAL
MONITORING

The Third Wall

The next area includes psychological evaluations and adaptive behavior reports [Forms 5 and 6 respectively]. Previous assessments provide a history of the residents intelligence testing. Much information can be gathered when these appraisals are seen in conjunction with Adaptive Behavior Reports. Together these assessments can form an interlocking supportive wall of the structure. Annual Adaptive Behavior Reports reveal changes in the level of skills in specific areas.



The Final Wall

The most effective means of changing behaviors can be seen in this final area of behavioral intervention plans. The Behavior Strategy Plans [Form 7] involve several sections which include: (1) the introduction of resident, (2) general information about the observed behaviors, (3) functional analysis of the behaviors, (4) the behavioral program with guidelines for staff, (5) a data collection section with behavioral criterion for reduction of medication and (6) a review and signature of the team members who serve the resident and co-authored the plan.

In the introductory section a personal history includes previous placements, brief comments on the type of behaviors and a description of what methods had been used previously. General information is offered in the following section which includes a detailed description of the observed behavior, frequency of occurrence, antecedents of the behavior and a brief description of the intervention.

The functional analysis section includes: (1) the intended purpose of the observed behavior, (2) the method used to operationalize the behavior, (3) the impact of the behavior upon the immediate environment and the resulting consequences, and (4) the intervention by which staff will encourage more appropriate behaviors in lieu of the less appropriate ones.

The behavioral program provides guidelines for staff with a list of proactive activities which are designed to engage the individual in suitable conduct and demeanor for a sustained period of time. At this level encouragement, praise, and redirection are liberally provided. Also in this section is a list of suggested guidelines that should be avoided by staff when relating with this person. The final guidelines provide specific directions when the inappropriate behaviors are seen.

In the next area, the data collection section includes how the data is to be collected and documented. A measurable behavioral criterion for reduction of medication is included. In the final section a review and signature of the team members who serve the resident and co-authored the plan concludes the plan. The

consumer and a family member are encouraged to participate in acknowledging that the plan is understood.

Roof Trusses

The support continues with the aim of capping the structure. The design is to provide an ongoing system of data collection for the Behavior Analyst. The function is to provide a framework of support which will act as beams or girders to bear a heavy load. Several of these include the following: (1) monthly data graphs [Graph 1], (2) current behavior incident reports [Form 8], (3) behavior modification plans and data sheets [Form 9], (4) behavior monitoring through a baseline data sheet [Form 10], (5) a review of the effectiveness of the behavioral strategy plan [Form 11], (6) a review of the interventions [Form 12], (7) monthly summaries [Forms 13 & 14].

The Roof

The final feature which can be seen is the roof of the structure. A training course for staff is designed to raise one's consciousness of one's own behavior can affect the behavior of another. In this training course a definition of behavior is offered along with an iceberg analogy of more lies beneath the surface. Staff are presented with ideas which demonstrate how and why a person might display a particular behavior. For example, the desired goal of a specific behavior may be designed to meet a particular need. Acronyms are use as a teaching method which help staff to easily remember certain aspects of behavi... [Form 15].

The Completed Structure

The purpose of this blueprint was to offer a plan for building systems of behavioral strategies. These strategies are designed to assist Behavior Analysts in the constructing of procedures which will help monitor the frequency of problematic behaviors and reduce their frequency.

BEHAVIOR STRATEGIES OUTLINE

BUILDING SYSTEMS [COVER SHEER FIGURE A: BUILDING CRANE]

BUILDING ANALOGY;

1. SURVEY, BULLDOZE & EXCAVATE
   [FIGURE B.] — SURVEY, BULLDOZE & EXCAVATE

2. OLD EMERGENCY INCIDENT REPORTS [EIR]
   (FORM 1)
   [FIGURE C.] — FOOTING & FOUNDATION

3. EIR ANNUAL SUMMARY
   (FORMS 2 & 3)
   [FIGURE D] — WALL #1

4. MED CHANGE/BEHAVIOR SHEET
   (FORM 4)
   [FIGURE E] — WALL #2

5. PSYCH EVALUATIONS & ADAPTIVE BEHAVIOR REPORTS
   (FORMS 5 & 6)
   [FIGURE F] — WALL #3

6. BEHAVIOR STRATEGY PLANS
   (FORM 7)
   [FIGURE G] — WALL #4

7. ONGOING DATA COLLECTION
   (GRAPH 1) MONTHLY DATA GRAPH
   (FORM 8) CURRENT BEHAVIOR REPORTS
   (FORM 9) B-MOD PLANS & DATA SHEETS
   (FORM 10) BEHAVIOR PROGRAM - BASELINE DATA SHEET
   (FORM 11) REVIEW OF BEHAVIORAL STRATEGY PLAN
   (FORM 12) REVIEW OF INTERVENTIONS
   (FORMS 13 & 14] MONTHLY SUMMARIES
   [FIGURE H] — ROOF TRUSSES

8. 'CHANGING BEHAVIOR' TRAINING
   (FORM 15)
   [FIGURE I] — ROOF
   [FIGURE J] — COMPLETION

FORM 1

EMERGENCY INCIDENT REPORT FORM

NAME: _____

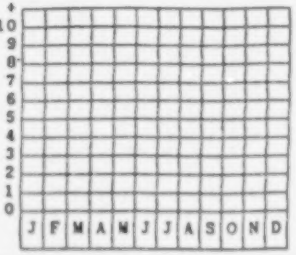
DATE	LOCATION	TIME A/P	AGG/STAFF PHYSICAL	AGG/PEER PHYSICAL	DESTRUCT.	DISRUPT.	SELF-INJURIOUS	NON-COMPLIANT	OTHER	RESTR.

FORMS 2 & 3

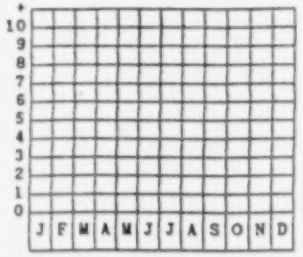
ANNUAL MEETING FOR_____ HOME_____PROGRAM_____
DATE_____

EMERGENCY INCIDENT REPORTS

OF EIRs — LAST YEAR TOTAL_____ 1993



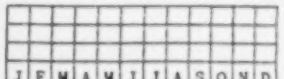
OF EIRs — CURRENT YEAR TOTAL_____ 1994



	0	1	2	3	4	5	6	7	8	9	TOTAL 1993
AGG S											
AGG P											
SIB											
DESTR											
DISRUPT											
NONCOMP											
OTHER											
RSTRNTS											

	0	1	2	3	4	5	6	7	8	9	TOTAL 1994
AGG S											
AGG P											
SIB											
DESTR											
DISRUPT											
NONCOMP											
OTHER											
RSTRNTS											

MED CHANGES FOR 1994



CURRENT MED (PSYCHOTROPIC)

+_____

0_____

-_____

EIR TOTAL BY YEAR

1987_____ 1992_____
1988_____ 1993_____
1989_____
1990_____
1991_____

SERVICE PLAN FOR_____ DATE OF PLAN_____

ADAPTIVE BEHAVIOR REPORT DATE_____

B-MOD PLAN (Y) (N) DATE_____ REINFORCERS_____

BEHAVIOR STRATEGY PLAN (Y) (N) DATE_____

COMMENTS:_____

CLIENT NAME_____ RESIDENCE_____

DATE OF ANNUAL_____ PROGRAM_____

EIR TOTALS (THIS YEAR)_____ EIR TOTALS (LAST YEAR)_____

CURRENT MEDICATION_____

MONTH	LOCATION TOTAL	PROG	RES	OTH	TIME AM/PM	AG S	AG P	SIB	DES	DIS	N/C	OTHER	RSTN	MED CHNG	BMOD PLAN
JANUARY															
FEBRUARY															
MARCH															
APRIL															
MAY															
JUNE															
JULY															
AUGUST															
SEPTEMBER															
OCTOBER															
NOVEMBER															
DECEMBER															
TOTAL															

COMMENTS:

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THE MEDICATION & BEHAVIORAL UPDATE date_6/1/95

FORM 4

HOME	NAME OF RESIDENT	MEDICATION TYPE & ADMINISTRATION [PSYCHOTROPIC]	DIAGNOSIS	BEHAVIOR PLAN				STATUS OF BEHAVIOR PLAN	CURRENT PSYCH	NEW PSYC	DR. VISIT TITRATION
REDWOOD				BSP	BMP	SP	BG				
AIMS DATE											
	WILLIE B. GOODE	PROLIXIN IM DECONATE 1CC EVERY 2 WEEKS	ORGANIC PERSONALITY DISORDER	X				REVISED			
	IMA PERSON										
	JOE CONSUMER										
	HUGH HARDWORKER										
	JOHNNY N. DESPOT					X		CONTINUE			

COMMENT SECTION:

FORMS 5 & 6

Psychological Evaluation

Identification:

Name:
Sex:
Age:
Tests given:
Test date:
Examiner:

Race:
DOB:
Residence:

REASON FOR REFFERAL

BACKGROUND INFORMATION

BEHAVIORAL OBSERVATIONS

TEST HISTORY

TEST INTERPREATIONS

SUMMARY

RECOMMENDATIONS

Signature:_____
(Examiner)

Annual Adaptive Behavior Report/Recommendation Update

Name:

Informant:

DOB:

Residence:

Date of assessment:

I. Previous Diagnosis

II. Adaptive Skills

III. Recommendations

Behavior Analyst:_____

FORM 7

BEHAVIORAL STRATEGY PLAN

CLIENT: Willie B. Goode Date: 6/1/95

I. INTRODUCTION:

II. GENERAL INFORMATION:
The current data, antecedents to behaviors and interventions include the following:
BEHAVIOR #1:
DATA:
ANTECEDENTS:
INTERVENTIONS:

III. FUNCTIONAL ANALYSIS:
A. PURPOSE: Attention to His Wants and Needs
B. METHOD: Learning, Testing Authority, and Fear Reaction
C. RESULT: Impact on Environmental Settings
D. INTERVENTION: Discerning His Wants

IV. PROGRAM:
A. PROACTIVE ACTIVITIES:
B. General behavioral guidelines in interacting with Willie that should be avoided include:
C. General Guidelines Specific to Inappropriate Behaviors:

V: DATA COLLECTION, MEDICATION INFORMATION AND BEHAVIORAL CRITERIA
Data is to be recorded on daily checklists, ID notes, incident reports when necessary, emergency notification reports and data sheets.

1. Monthly summaries will include the following;
[a] the frequency of each target behavior,
[b] the number of emergency incident reports written,
[c] the amount and type of restraints employed, (including restrictive; physical restraints),
[d] the percentage of time client displayed behavioral control,
[e] the number of reinforcers earned and
[f] the specific type of reinforcer used.

2. MEDICATION INFORMATION:
Any changes in the current regimen in the administration of medication regarding the following will be noted in the monthly summary sheet located in the COR;
[a] dosage,
[b] daily frequency administration and
[c] changes in the current type of medication.

3. BEHAVIORAL CRITERIA: Willie will display less than 2 incidents involving target behaviors per month for 6 consecutive months. When this criteria has been reached, the plan will be re-evaluated by Team.

VI: REVIEW:
This behavior plan will be reviewed monthly.

SIGNATURES:

_____ Client

_____ Primary counselor

_____ Counselor

_____ Counselor

_____ Counselor

_____ Counselor

_____ Counselor

_____ Counselor

_____ Counselor

_____ Program Manager

_____ Program Director

_____ Behaviorist

_____ Family member

_____ Other

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FORM 8

BEHAVIORAL INCIDENT REPORT

CLIENT_____ RESIDENCE_____

DATE___/___/___

INCIDENT LOCATION:

BEGAN TIME OF DAY:

____:____ AM / PM

END TIME OF DAY:

____:____ AM / PM

CHECK APPROPRIATE CATEGORY BELOW:

	S	P	O
AGGRESSION			
DESTRUCTION			
DISRUPTION			
SELF INJURY			
NONCOMPLIANT			
OTHER			
RESTRAINT			

ID NOTE WRITTEN?

YES_____ NO_____

CORRESPONDING NEEDS LIST #:

SIGNATURES:

_____
STAFF MEMBER/DATE

_____
HOUSE MANAGER/DATE

_____
PROGRAM DIR./DATE

_____
CLINICAL DIR./DATE

_____
EXECUTIVE DIR/DATE

ANTECEDENTS:

1] WHAT HAPPENED BEFORE THE INCIDENT STARTED?

BEHAVIOR:

2] DESCRIBE BRIEFLY WHAT YOU OBSERVED.

CONSEQUENCES:

3] HOW DID YOU RESPOND TO CLIENT'S BEHAVIOR?

PROBLEMS:

4] WHAT SPECIAL PROBLEMS AROSE DURING THIS EVENT?

COMMENTS:

5] WHAT FOLLOW UP IS INDICATED? (COMMENT ON BACK.)

FORM 9

WILLIE'S WEEKLY DATA SHEET

IN AN ATTEMPT TO DECREASE THE FREQUENCY OF TARGET BEHAVIORS, THIS DATA SHEET WILL BE USED IN CONJUNCTION WITH HIS BEHAVIORAL STRATEGY PLAN.

DIRECTIONS;

1] STAFF WILL OBSERVE WILLIE'S BEHAVIOR.
2] IF WILLIE DISPLAYS ANY OF THE TARGET BEHAVIORS (SEE KEY CODE & BEHAVIORAL STRATEGY PLAN) THEN STAFF WILL WRITE THE LETTER WHICH CORRESPONDS WITH THE SPECIFIC BEHAVIOR IN THE APPROPRIATE TIME SLOT AND INITIAL IT.
3] IF WILLIE IS ABLE TO CALM HIMSELF DOWN (WITH STAFF'S REDIRECTION AS PER BEHAVIOR PLAN) IN A TIME SPAN OF 10 MINUTES OR LESS, THEN HE MAY EARN A " ✓ " FOR THAT TIME PERIOD.
4] IF WILLIE EARNS 7 OR MORE " ✓ " IN ONE DAY THEN HE WILL GET A STAR STICKER AT THE END OF THE DAY.
5] AFTER WILLIE HAS PLACED THE STICKER ON THE SHEET, THEN STAFF WILL INITIAL AND DATE THAT SQUARE.
6] IF WILLIE EARNS 7 STICKERS DURING A ONE WEEK SPAN, THEN HE HAS EARNED AND OUTING WITH HIS CHOICE OF $5.00.

KEY CODE

✓ = REMAINS IN CONTROL OF BEHAVIOR A = PHYSICAL AGGRESSION

DATE							
TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7-9 AM							
9-11 AM							
11-1 PM							
1-3 PM							
3-5 PM							
5-7 PM							
7-9 PM							
9-11 PM							
STAR EARNED [Y/N]							
STAFF INITIALS							

EACH NIGHT BEFORE WILLIE GOES TO BED, STAFF WILL REVIEW HIS WEEKLY DATA SHEET AND DETERMINE IF HE HAS EARNED A STAR FOR THAT DAY.

AFTER THIS FORM HAS BEEN COMPLETED
PLEASE RETURN IT TO THE BEHAVIOR ANALYST.
THANK YOU!

DATE OF OUTING_____ LOCATION _____ REINFORCER USED_____

FORM 10

BEHAVIOR PROGRAM - BASELINE DATA SHEET

CLIENT: _____ RESIDENCE: _____ DATE STARTED: _____

Behaviors: Please Use Proper Code For Each Behavior

Code

1. _____
2. _____
3. _____
4. _____

DIRECTIONS:

1. Fill in all blanks completely
2. Add Maladaptive Behaviors not already listed

Date Day Month Year	Time Incident Starts/ Finishes	Names of Staff reporting and recording incident	Behavior Observed (use code) and Intensity	Staff & other clients involved in incident	Area Location	What happened before incident or what led up to the incident	What was done by staff about the behavior (specify if formal program conducted)	Client's response to staff's direction or implementation of program
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					
			Hi Med Low					

FORM 11

June 1, 1995

Review of the Effectiveness of the Behavior Strategy Plan.
The following is a summary of the data gleaned from the baseline data sheets for Willie B. Goode's program.

I. TIME OF DAY
Willie's behaviors have demonstrated a peculiar pattern. The following breakdown of the data was derived from 1/1/95 to 5/31/95.

RANKING	TIME OF DAY	NUMBER OF INCIDENTS	PERCENTAGE
1.	1:00 - 2:00 PM	4	33.3%
2.	9:00 -10:00 AM	3	25.0%
3.	10:00 -11:00 AM	2	16.7%
	NO TIME SPECIFIED	2	16.7%
4.	8:00 - 9:00 AM	1	8.3%

The purpose of this breakdown is to demonstrate WHEN Willie has had his behaviors over the five month period indicated may be useful as to forewarn staff members of when behaviors are likely to occur again.

II. DAY OF WEEK
Willie's behaviors have clustered on specific days with a noted frequency. The following is a analysis regarding behaviors on days of the week;

DAY	FREQUENCY	PERCENTAGE	RANKING
MONDAY	3	25.0%	2
TUESDAY	1	8.3%	3
WEDNESDAY	3	25.0%	2
THURSDAY	4	33.3%	1
FRIDAY	1	8.3%	3

Analysis of this information shows that over 82% of Willie's behaviors occur on Mondays, Wednesdays and Thursdays.

III. FREQUENCY OF BEHAVIORS
Of the entries on the data sheet at the frequency of specific behaviors is as follows; Disruptions [4], Destructive [2],Spitting [4], Aggression [5], Non-compliance [8], Running [7].

IV. LOCATIONS WHERE BEHAVIORS HAVE OCCURRED

RANKING	SPECIFIC ROOM	FREQUENCY	PERCENTAGE
1.	KITCHEN	5	41.7%
	BED ROOM	5	41.7%
2.	VAN	3	16.6%

V. SUGGESTIONS

FORM 12

Date: 6/24/91

The following is a baseline of behaviors for Willie B. Goode. The purpose of the review of this data is to evaluate the effectiveness of recent interventions including changes in medication, use of reinforcers, behavioral strategy plan, etc. The subsequent information was compiled from the monthly data sheets from 1/10/91 to 5/31/91.

MONTH	TOTAL BEHAVIORS	DAILY AVERAGE	MED CHANGES	REINFORCERS USED
JAN	70	3.33	TEGRETOL UP 1/17	$1.00 BID
FEB	135	4.82	TEGRETOL DC 2/12 BEGAN; INDERAL & RITALIN 2/12 HALDOL DOWN 2/15	$1.00 BID
MAR	62	2.0	**********	$1.00 BID
APR	64	2.13	INDERAL & RITALIN DC 4/16 & 4/5	$1.00 BID McDONALD'S 2X
MAY	92	3.07!	**********	$1.00 BID, SPECIAL MOVIE EARNED 5/8/91 McDONALD'S 3X

!45 BEHAVIORS WERE NOTED OVER A 2 DAY SPAN [5/30 - 31]

Recommendations;

FORMS 13 & 14

MONTHLY SUMMARIES- BEHAVIOR PLAN

Client Name:_____ Residence:_____ Program:_____

Target Behaviors: CODE

1) _____ _____
2) _____ _____
3) _____ _____
4) _____ _____
5) _____ _____
6) _____ _____
7) _____ _____

MONTH:_____ YEAR:_____ DATE OF MONTHLY SUMMARY:_____

DATA-BASED INFORMATION: _____

A) TARGET BEHAVIOR CODE AND FREQUENCY: _____

B) NUMBER OF EMERGENCY INCIDENT REPORTS WRITTEN: _____

C) NUMBER OF RESTRAINTS EMPLOYED; PHYSICAL _____ CHEMICAL _____

D) PERCENTAGE OF TIME CLIENT DISPLAYED BEHAVIOR: _____

E) NUMBER OF REINFORCERS EARNED: _____

F) TYPE(S) OF REINFORCERS: _____

G) CURRENT MEDICATION(S): DOSAGES, FREQUENCY OF ADMINISTRATION _____

☐ X in square indicates a med change from previous month

SUMMARY/NOTES/INSTRUCTIONS: _____

SIGNATURE: _____

MONTHLY SUMMARIES - BEHAVIOR PROGRAM

RESIDENT:_____ HOME:_____ PROGRAM:_____

TARGET BEHAVIORS:_____ START DATE:_____

MONTH:_____ YEAR:_____ DATE OF MONTHLY SUMMARY:_____

DATA-BASE STATEMENT: _____

SUMMARY/NOTES/INSTRUCTION: _____

SIGNATURE: _____

MONTH:_____ YEAR:_____ DATE OF MONTHLY SUMMARY:_____

DATA-BASE STATEMENT: _____

SUMMARY/NOTES/INSTRUCTION: _____

SIGNATURE: _____

MONTH:_____ YEAR:_____ DATE OF MONTHLY SUMMARY:_____

DATA-BASE STATEMENT: _____

SUMMARY/NOTES/INSTRUCTION: _____

SIGNATURE: _____

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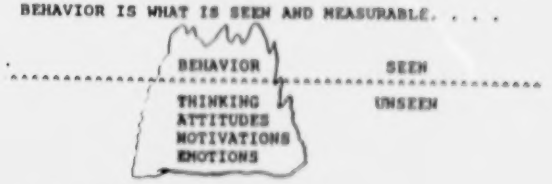
FORM 15

WHAT IS BEHAVIOR

BEHAVIOR IS . . . .

WHAT WE SAY AND HOW WE SAY IT.
WHAT WE DO AND HOW WE DO IT.

BEHAVIOR IS WHAT IS SEEN AND MEASURABLE. . . .



"HOW DO WE TAME BEHAVIOR?

SIMPLY, BY KNOWING WHAT LIES BENEATH THE SURFACE!"

"CAN YOU 'DIG' WHAT I'M SAYING?"

A USEFUL TOOL FOR DIGGING IS A GARDEN SPADE. USE THIS TOOL TO DIG UP CLUES FOR UNDERSTANDING A MESSAGE. THIS MAY HELP ONE TO UNDERSTAND THE 'WHY' OF BEHAVIOR.

S = SEXUAL FRUSTRATION
P = PAIN (PHYSICAL)
A = ALLERGIES
D = DEPRIVATION; (HALT) HUNGRY, ANGRY, LONELY, TIRED
E = EFFECTS OF MEDICATION

STORY; ONE CLIENT HAD OVER 200 INCIDENT REPORTS IN 1988 FOR MED REFUSAL. HE WAS HAVING SIDE EFFECTS (NAUSEA) FROM HIS MEDICATION.

THE WHEN, WHO, WHERE AND HOW OF BEHAVIOR.

TIME, PEOPLE, PLACES AND THINGS

WHEN? DO THE BEHAVIORS OCCUR?

WHO? IS PRESENT WHEN THE BEHAVIOR OCCURS?

WHERE? DOES THE BEHAVIOR OCCUR?

WHAT? THINGS, EVENTS OR ACTIVITIES ARE PRESENT WITH THE BEHAVIOR?

UNDERSTANDING THE 'HOW' OF BEHAVIOR.

A FIDD IS AN OBJECT THAT IS USED TO UNTANGLE THE NETS WHICH ARE USED TO CATCH FISH. IN ORDER FOR US TO UNTANGLE THE 'HOW' NETS OF BEHAVIOR WE WILL ALSO USE A FIDD.

F = FREQUENCY (HOW OFTEN IS THE BEHAVIOR OBSERVED.)

I = INTENSITY (HOW MUCH ENERGY IS USED AS THE BEHAVIOR IS PERFORMED.)

D = DURATION (HOW LONG (IN MINUTES) DOES THE BEHAVIOR LAST.)

D = DISCRIMINATION (HOW IS THE BEHAVIOR USED? THINK T.H.I.N.)

T = TIME OF DAY

H = HEAT/COLD TEMPERATURE CHANGES

I = INCENTIVE IS DESIGNED TO ATTAIN A GOAL, A WANTED OBJECT.

N = NOISE LEVEL

NOW 'THIN'IS EASY TO REMEMBER, BUT 'FIDD' MAY NOT BE SO EASY. SO LET'S MAKE IT A LITTLE EASIER TO REMEMBER BY CHANGING 'FIDD' TO 'FIDDLE'. YOU ALREADY HAVE F.I.D.D. NOW HERE ARE THE LAST 2 LETTERS L & E.

L = LOCATION OF WHERE THE BEHAVIOR OCCURS (SETTING)

E = ENVIRONMENT (THE CONTEXT; THE BACKGROUND CONDITIONS, OR SITUATION IN WHICH THE PERSON IS INVOLVED)

THE 'ABC'S OF BEHAVIOR

A = ANTECEDENTS TO THE BEHAVIOR

B = BEHAVIOR (WHAT IS OBSERVED)

C = CONSEQUENCES OF THE BEHAVIOR

RECAP AND REVIEW

IN DISCUSSING BEHAVIOR WE HAVE COVERED THE FOLLOWING POINTS;

1. BEHAVIOR IS WHAT WE SAY/DO & HOW WE SAY/DO IT.
2. BEHAVIOR IS SEEN BY OTHERS (WHO JUDGE US BY OUR BEHAVIOR)
3. BEHAVIOR IS HISTORICAL B = F (O X E)
4. BEHAVIOR IS PREDICTABLE & UNDERSTOOD WHEN WE 'TAME' IT.
5. WE CHOOSE OUR OWN BEHAVIORS TO HELP/HINDER RELATIONSHIPS.
6. BEHAVIOR COMMUNICATES VERBALLY (SAY) AND VISUALLY (SEE)
7. BEHAVIOR IS AFFECTED BY THE EMOTIONAL BRAIN CENTER.

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